

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission
(License, Certification, or Permit Only)

To verify your identity, please bring an official governmental photo document (e.g., driver license, identification card, passport, etc.) with you to the live scan site.

Please read instructions on reverse before completing form.

1. CODE ASSIGNED BY DOJ ORI: A0059	2. TYPE OF APPLICATION (CHECK ONE) <input checked="" type="checkbox"/> License, Certification, Permit
3. TYPE LICENSE, CERTIFICATION OR PERMIT	

DMV COMPLETES — AGENCY ADDRESS SET CONTRIBUTING AGENCY

4. CHECK APPROPRIATE BOX (SEE REVERSE FOR INSTRUCTIONS)

A. ☐ Department of Motor Vehicles
Licensing Operations Division
Occupational Licensing Branch
P. O. Box 932342
Sacramento, CA 94232-3420
Five Digit Mail Code: 04620
Contact: Operations Manager
916-657-8881

Ambulance Driver Certificate Only
B. ☐ Department of Motor Vehicles
Licensing Operations Division
Issuance, Commercial Driver License
P.O. Box 942890
Sacramento, CA 94232-3420
Five Digit Mail Code: 04621
Contact: CDL/PDPS Manager
916-657-5771

APPLICANT COMPLETES (EXCEPT ITEM 16) — Please print

5. APPLICANT'S NAME (LAST, FIRST, MIDDLE INITIAL)					
6. AKA'S (LAST, FIRST)					
ADDITIONAL AKA'S (LAST, FIRST)					
7. DATE OF BIRTH	8. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	9. HEIGHT	10. WEIGHT	11. EYE COLOR	12. HAIR COLOR
13. PLACE OF BIRTH			14. SOCIAL SECURITY NUMBER		
15. CALIFORNIA DRIVER LICENSE/IDENTIFICATION NUMBER		16. AGENCY BILLING NUMBER BIL -		17. MISCELLANEOUS NUMBER	
18. HOME ADDRESS AND TELEPHONE NUMBER		STREET	CITY	STATE	ZIP CODE TELEPHONE NUMBER

DMV COMPLETES

19. YOUR NUMBER (OCA NUMBER—AGENCY IDENTIFYING NUMBER) OLAD	20. IF RESUBMISSION, LIST ORIGINAL ATI NUMBER	21. LEVEL OF SERVICE <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI
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LIVE SCAN OPERATOR COMPLETES

22. OPERATOR COMPLETING LIVE SCAN TRANSACTION		23. DATE	
24. TRANSMITTING AGENCY (LSID NUMBER)	25. ATI NUMBER	26. AMOUNT COLLECTED	27. AMOUNT BILLED

DISTRIBUTION: ORIGINAL - Live Scan Operator
SECOND COPY - Requesting Agency
THIRD COPY - Applicant

INSTRUCTIONS FOR COMPLETING FRONT

1. **Code Assigned by DOJ:** ORI number pre-printed.
2. **Type of Application:** Pre-printed.
3. **Type License, Certification, or Permit:** Enter the type of license, certification or permit applicant is applying for from the list below.
 - Ambulance Driver Certificate
 - Dealer License
 - Dismantler/Wrecker License
 - Distributor License
 - Distributor Representative License
 - Driving School Instructor License
 - Driving School Operator License
 - Driving School Owner License
 - Lessor/Retailer License
 - Manufacturer License (includes Remanufacturer)
 - Manufacturer Representative License
 - Registration Service License
 - Salesperson License
 - Transporter License
 - Traffic Viol. School Owner License (includes Operator or Instructor)
 - Vehicle Verifier Permit
4. **Agency Address Set Contributing Agency:** Check box "B" if applying for an Ambulance Driver Certificate. Check box "A" for all other licenses or Vehicle Verifier Permit.
5. **Name of Applicant:** Enter applicant's full name.
6. **AKA's:** Enter any other names applicant has used.
7. **Date of Birth:** Enter applicant's date of birth.
8. **Sex:** Check appropriate gender box.
9. **Height:** Enter applicant's height.
10. **Weight:** Enter applicant's weight.
11. **Eye color:** Enter applicant's eye color.
12. **Hair color:** Enter applicant's hair color.
13. **Place of birth:** Enter city, state, and country
14. **Social Security Number:** Enter applicant's social security number.
15. **California Driver License/Identification Card number:** Enter applicant's California Driver License/Identification Card number.
16. **Agency Billing Number:** Live Scan operator will complete.
17. **Miscellaneous Number:** Enter other identifying numbers (e.g., other state driver license number).
18. **Home Address:** Enter applicant's residence address and telephone number.
19. **Your number:** DMV identifying number pre-printed.
20. **If resubmission:** Enter the original ATI number provided on the reject notification to avoid paying an additional processing fee.
21. **Level of Service:** Pre-printed, FBI not applicable.
22. **Operator Completing Live Scan Transaction:** Enter operator's name.
23. **Date:** Enter date transaction was completed.
24. **Transmitting Agency:** Enter live scan identification number.
25. **ATI Number:** Enter ATI number.
26. **Amount Collected:** Enter amount collected.
27. **Amount Billed:** Enter amount billed.